



Hello Dancers!

We are so excited about your interest in the Missouri State University Sugar Bears Dance Team. The Sugar Bears are a highly visible and exciting component of the Spirit Squads at Missouri State University. We are dedicated to representing ourselves and the University in a professional, collegiate, and first-class manner. The Sugar Bears enjoy the privilege of performing at major MSU sporting events, including all home football and basketball games. Sugar Bears also travel to the UDA College National Dance Team Championship in January. We are looking for committed members who are elite technical dancers with great performance quality, positive attitudes, high levels of fitness, and professionalism, along with stand-out students in the classroom. A GPA of 2.0 cumulative and semester is required for participation in any of the Spirit Squads.

All dancers auditioning must attend at least one clinic. All dancers auditioning will also be presented a contract. In signing up for tryouts, you must agree to abide by the rules and regulations listed within, should you be selected as a member of the 2025-26 Sugar Bears Dance Team. Auditions are open to incoming freshman, transfer students, and current MSU students. You **MUST** have been accepted to MSU in order to audition prior to the audition date—we will not place dancers on our roster without knowing you are eligible to be a Missouri State student. Judges' decisions are final.

Please review all the following material thoroughly in order to familiarize yourself with our team, its expectations, and all paperwork needed prior to auditions to be eligible to tryout. Should you have other questions not answered in this packet, please reach out to head coach, Emily Dryden at emilydryden@missouristate.edu.

Go Bears!

Emily Dryden

Head Coach, Missouri State University Sugar Bears Dance Team

What to Expect as a Team Member

Time Commitment

Summer:

- Photoshoot & Practices: June 9-12, 2025
- Practice and possible UDA Camp: July 20-24, 2025

Fall Semester:

- Report to campus: August 13, 2025
- Practice 10 hours per week
- Weight training 2x per week
- Home football games
- Home men's and women's basketball games
- Potential home men's and women's soccer games
- Potential football post-season games

Winter Break:

- Home men's and women's basketball games
- Nationals preparation practices (20+ hours per week)
- Time off near holidays in accordance with basketball schedule
- UDA College National Dance Team Championship in Orlando, FL

Spring Semester:

- Approximately 6 hours of practice per week through basketball season
- Weight training 2x per week
- Home men's and women's basketball games
- MVC basketball tournament travel
- Potential post-season tournament travel

Financial commitment:

- Required fees per year add up to approximately \$750.

Dancer stipend:

- By meeting all GPA, enrolled hours, and commitment requirements, team members are eligible to receive their stipend through their school account of at least \$375 per semester.

Fundraising:

- Each team member is required to participate in annual fundraising efforts including helping at clinics, hosting the MSU Sugar Bears High School Dance Team Invitational and selling Sugar Bears Calendar.

Spring Clinics

All high school-aged dancers are welcome to attend clinics. Those auditioning for the 2025-2026 season must attend at least one clinic. You may attend both clinics (for the 1-time fee), although the material taught is the same at both clinics. Material learned at clinics will be used on final audition weekend. At clinics we will practice collegiate level technical skills and elements as well as learn Pom and Hip Hop combinations which will be utilized audition weekend. Each clinic will end with a Q&A session which can include any questions about auditions, being a Sugar Bear, or adjusting to life at MSU.

Please fill out our online clinic form (<https://forms.gle/StPKMJXdJKiFbki27>) so we know we can expect you for the clinics. However, registration is not complete until we receive your payment of \$35 and medical release forms. Forms and fees are to be turned in the day of the clinic. Failure to have these items will result in not being able to participate.

If auditioning, you will find details about try out weekend on the following page. Please read through thoroughly. If you happen to still have questions about auditions, please hold them until our Q&A session at the end of clinics. If you have a question, most likely others do too, so everyone can hear the answer this way. If your question is personal and pressing, please contact Coach Dryden via email.

Clinic Details

- Clinic #1: Sunday, April 6, 2025, 12:30 to 3:30 PM
- Clinic #2: Saturday, April 12, 2025, 2:30 to 5:30 PM
- Location: Hammons Student Center, Missouri State University (731 E. Bear Blvd., Springfield, MO 65897)
- Fee: \$35
- What to wear: Whatever you're comfortable dancing in! Be sure to have jazz shoes or half shoe/turners as well as tennis shoes with you. For jewelry, stud earrings only. Hair should be pulled back and out of face.
- Clinics are closed to participants only; spectators are not allowed in the gym
- What to bring:
 - Water
 - \$35 (cash or check made out to "MSU" with memo line: "Sugar Bears Clinic")
 - Medical release form: Must be turned in at clinic check-in to participate. See Page 8 for form.

25-26 Audition Process

Prospect Video Submission- Rookie dancers auditioning for the 25-26 Sugar Bears team will need to submit the following by 5:00 PM CST, Wednesday, April 16, 2025 to be considered as a candidate. *Veteran Sugar Bears dancers and those rookie candidates that completed the recruitment interview round of formal recruitment do not need to submit videos for an invitation to the final round.* A judging panel will evaluate these submissions, and those prospects meeting expectations will be invited to the Final Audition Weekend. This process replaces a semi-final round. Candidates will hear from Coach Dryden via email on their Final Audition status by 7:00 pm, Monday, April 21. **ALL** candidates should see the “Required Items” list on Page 7 for all items that must be submitted by 5:00 PM CST, Wednesday, April 16, 2025 including applications and paperwork.

- **Skills Video:** Please film the following skills in 1 continuous shot (no editing/splicing together footage)
 - First, introduce yourself with your name, age and where you are from
 - Quadruple posse pirouette on Right
 - Double (or more) posse pirouette on Left
 - 3 Jump combination (can be any combination of 3 jumps; example: toe touch, firebird, chaines calypso)
 - Chasse right leap, chasse left leap, chasse center leap (either side)
 - 2 8-count turn combination of your choice (can be plain a le secondes or can incorporate variations of pirouettes, floats, arm positions, changing spots, etc.)
 - 1 tumbling skill of your choice (aerials, handsprings, etc.)
 - Headspring
 - Wildcard(s): Any other element(s) you feel is a strength of yours (examples: tumbling/acro skills, leg spins, extensions, advanced pirouettes, etc. No limit on wildcard tricks)
- **Solo Video:** A video of you (only you; no group dance footage) performing from the past 12 months that is 60 to 120 seconds in length. This can be any genre that highlights your strengths and skills. Footage from previous dance competitions or performances are acceptable. Footage of already existing choreography is acceptable (does not need to be a new, original solo or choreography; e.g., could use dance team choreography, just perform it alone on video)
- **Filming expectations: Footage must be filmed from the front/ “audience’s” viewpoint. Videos MUST be filmed wide-framed, horizontal, landscape. NO VERTICAL, TALL VIDEOS. Performances should not be edited. It needs to be a single, continuous shot, and not edited from multiple takes or angles. Camera should be as still as possible/not moving during filming. Make sure your video has good lighting and clearly showcases the dancer. Whole body of dancer should be captured in the frame.*

- *Videos should be uploaded and be set as public or unlisted on a video hosting site such as YouTube, Vimeo, or a Google Drive by 5:00 PM CST on Wednesday, April 16, 2025.*
- *Your 2 video links should be emailed to Coach Dryden at emilydryden@missouristate.edu*

Final Audition Weekend Details (dancers who have received an invitation):

- Date: Saturday, May 3, 2025, 8:00 a.m. - TBD
- Location: Hammons Student Center, Missouri State University (731 E. Bear Blvd., Springfield, MO 65897)
- Fee: \$50 in total (includes \$35 clinic fee; you are allowed to pay the full \$50 fee at clinic)
- This is a closed audition, meaning no guests are allowed to be in the gym or waiting area during the audition. Only those auditioning should be on site.

Tentative Audition Schedule:

8:00- Check in begins; dancers can begin warming up

8:15- Full group warm up and across the floor

9:00- Learn jazz choreography

10:00- Jazz choreography evaluation

11:00- Pom choreography evaluation

11:45- short lunch break (pack sustaining food that won't weigh you down)

12:15- Hip hop choreography evaluation

1:15- Learn game day material and perform in groups

1:45- Solo evaluations and interviews with judging panel begins

All Candidates:

Footwear: Tan half shoes or jazz shoes should be worn for most of the audition process. Tennis shoes/sneakers should be worn for hip hop.

Jewelry: Stud earrings are allowed, but please take out or put spacers in other body piercings, such as belly button or nose rings.

Tattoos: All tattoos should be covered by bandage, makeup or flesh-colored grip wrap.

Females:

- Hair: Hair should be pulled back and secure (don't want it falling out all the time) while learning and performing during auditions.
- Makeup: "Performance" makeup is requested. This meaning makeup you would wear on the sidelines. This is often not as bold as stage makeup, but often includes foundation, blush, eye shadow, fake lashes, and lipstick. Choose makeup that complements your skin tone.
- Attire: A bra top of any color and black fitted dance shorts should be worn for the entire audition process.

Males:

- Hair: Hair should be styled or pulled back and secure if you have long hair (don't want it falling out all the time) while learning and performing during auditions.
- Makeup: Makeup for males is not required if it is not something normally worn.
- Attire: A fitted sleeveless or short-sleeved athletic top of any color and black shorts should be worn for the entire audition process.

Solo performance: All finalists will perform a solo. Pick a genre and skills that highlight your strengths. Be sure to perform! This is your time to really show your unique personality and talents. Do not wear a separate outfit for solos; wear your same audition apparel. Music should be on a device (such as a smart phone or iPad). You will bring this device into the audition room when it is your turn. Devices should be on airplane mode with volume turned all the way up. Ideally have the music downloaded onto the device rather than playing off the internet in case of bad connection. Solos should be 75 seconds max and include the following skills/elements:

- Quadruple pirouette in parallel posse
- At least 2 8-count turn combination in second position. Try to incorporate complex elements such as changing spots, various arm positions, various leg positions, etc.
- Two leaps or jumps (can be separate or consecutive)
- An acro/tumbling element (aerials are encouraged, but stay true to your level of skill (Examples: handsprings, variations of cartwheels, handstands, stalls)
- A flexibility element (examples: leg hold, leg extension, leg hold turns, illusion, splits)

Technical elements to expect throughout the weekend:

- Variations of triple and quadruple pirouettes (examples: pencil turns, arm changes, coupe, attitude, etc.)
- Challenging turns in second position
- Leaps and jumps including, but not limited to: left and right jetes, center leaps, calypso leap, toe touches (possibly multiple in a row), fire birds, switch leaps, switch arabesque leaps, tilt jumps, spinning discs)
- Leg hold turns (inside and outside)
- Headsprings
- Kip ups
- Variety of kicks

Required Items- Eligibility for being an official MSU Spirit Squad member is dependent on meeting physical and academic standards prior to being covered by Missouri State University's Athletic Medical and Rehabilitation Services and earning stipends. Here is the list of required items to turn in for those auditioning along with the completed online application form (see link below):

1. Printed and signed Release Form (must also be signed by a parent if under 18 years old) (Find medical release form on Page 8)
2. Photocopy of health insurance card (front & back)
3. Incoming rookie candidates (veteran team members, skip to #4):
 - a. Current **sports** physical (example: MSHSAA form in Missouri) signed by an MD or DO clearing you to participate in dance team activities (physical date should be Dec. 3, 2024 or later)
 - b. Sick cell test showing proof of results—negative or positive (see Page 9 for specifics on what types of test are accepted)
 - c. Complete the Preliminary Health Disclosure Form (found on Pages 10 through 12) truthfully and to the best of your knowledge so MSU can support your needs if you are to become a Sugar Bear.
 - d. HIPPA form (found on Page 13 & 14)
4. Provide proof of acceptance to MSU for Fall 2025 (this is for incoming freshmen and transfer students; if not a new student, see below) **-OR-**
5. Photocopy of Spring 2025 schedule and printout of unofficial transcript from my.missouristate.edu (this is for current MSU students; if not a current MSU student, see #4 above).
6. Tryout processing fee (\$50 in total [\$15 + \$35 required clinic fee] – cash or make checks payable to “MSU”)

How Do I Apply?

Step #1: Fill out this application: <https://forms.gle/uH4kCSemaqsmAP37A>

Step #2: Sign up for a clinic to attend in April: <https://forms.gle/zdZghQ5LWLvxSq6E8>

Step #3: Complete the list of the 6 required items shown above. These items **must** be turned in at clinic check in. If unable to provide some information at start of clinic, emailing remaining documents to Coach Dryden by 5:00 PM, Wednesday, April 16, 2025 is required.

**Missouri State University™
Sugar Bears Dance Team
2025-26 Medical and Liability Release**

Participant's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Participant's email address _____

I hereby release Missouri State University, its Board members, officers, agents and employees (collectively referred to as "the University") from all claims I may have for injuries or damages, which may result from my participation in activities with the Missouri State University Sugar Bears Dance Team Program, including Tryout Clinics and Tryouts. I understand the possible risks associated with being able to participate in these activities and release all such claims **even though the claim may arise out of the negligence or carelessness on the part of the University, or any third person, whether foreseen or unforeseen, known or unknown.** I further covenant not to sue the University for any such claim.

I authorize and provide consent for licensed medical providers to administer any medical procedure or treatment which may be deemed medically advisable by the attending physician, including diagnostic testing and examination should I become injured or sick while participating in activities with the Missouri State University Sugar Bears Dance Team Program, including tryout clinics, tryouts, and all other activities, should I be selected as a member of the 2025-2026 Sugar Bears Dance Team.

Participant Signature _____
(required)

Parent/Legal Guardian Signature _____
(required if participant is under 18 years old – I agree to all of the conditions set forth above for my son/daughter)

Missouri State University does not provide accident or health insurance, and will not pay for any medical expenses incurred by me. Participants are required to have medical insurance and provide the information below.

Participant Health Insurance Provider _____

Participant Insurance Policy # _____

Birth date _____

Emergency Contact Information:

Name _____

Address _____ City/State _____ Zip _____

Phone# (_____) _____

Sickle Cell Testing

The following list includes all tests that will suffice as proof of sickle cell test results for MSU Athletics Medical and Rehabilitation Services. Testing may have been done as a newborn and paperwork may still be on file through your health care providers.

Results for any of the following:

- Hemoglobinopathies
- Hemoglobin solubility
- Hb Solubility
- Sickle cell solubility
- Sickle Cell Preparation
- Sickle Cell Prep
- Sickle Cell Test
- Sickledex™

MISSOURI STATE UNIVERSITY SPIRIT SQUAD
PRELIMINARY HEALTH DISCLOSURE

ATHLETE NAME: _____

SPORT:

DATE OF BIRTH: _____

DATE:

Please answer YES or NO to the following questions, and provide any appropriate explanations.

1. Have you ever been diagnosed with a heart condition/disease? _____
If yes, please explain the condition/disease:
2. Has anyone in your family died from a heart condition/disease, prior to the age of 50?

If yes, please explain who and what the condition/disease was:
3. Have you ever had a cardiac surgery of any kind? _____
If yes, please list when and what the surgeries were:
4. Have you ever been hospitalized for an illness? _____
If yes, please explain what the illness was:
5. Have you ever been diagnosed with Sickle Cell Disease/Trait? _____
If yes, please explain any problems you have experienced with sickle cell disease/trait:
6. Has anyone in your family ever been diagnosed Sickle Cell Disease/Trait? _____
If yes, please explain who:
7. Have you been diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD)? _____
If yes, please explain what medication you use:
8. Have you been diagnosed with an eating disorder? _____
If yes, please explain which eating disorder and what measures have been taken to manage it:
9. Have you ever been diagnosed with a mental illness? _____
If yes, please explain which illness and what measures have been taken to manage it:

10. Have you had any surgeries in the past 5 years? _____

If yes, please list when and what the surgeries were:

11. Have you had any other surgeries of major significance in your lifetime? _____

If yes, please list when and what the surgeries were:

12. Have you ever been told you needed a surgery, but not had it done? _____

If yes, please explain:

13. Have you had any concussion(s)? _____

If yes, please explain how many and when:

14. Have you had previous injuries/illness that caused time loss from athletic participation?

If yes, please explain what the injuries/illnesses were:

15. Have you received a Covid-19 vaccination? _____

If yes, please note what type of vaccination and the date(s) of the injections:

16. Are you taking any medications at this time? _____

If yes, please list the name and reason for the medication:

17. Do you have any health concerns at this time? _____

If yes, please explain:

Please use this space to elaborate on, or add any medical information you feel is pertinent:

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Please provide any medical records that are pertinent to the medical information you have just provided to:

Suzie Atkinson ATC
Athletic Trainer, Athletic Medical and Rehabilitation Services
901 S. National Ave
Springfield, MO 65987
Office – (417)836-5461
Fax – (417)836-6101
E-mail – susanatkinson@missouristate.edu

Please provide the following demographic information:

INCOMING ATHLETE	PARENT/GUARDIAN
NAME:	NAME:
CONTACT PHONE NUMBER:	CONTACT PHONE NUMBER:
E-MAIL ADDRESS:	E-MAIL ADDRESS:

I, _____, confirm that, to the best of my knowledge, that all the demographic and medical information reported in this document is accurate. ***I understand that any incorrect, misrepresented or undisclosed information may compromise my level of medical care, delay my clearance to participate as an intercollegiate athlete at Missouri State University and/or disqualify me from participation altogether.***

Athletes Signature (if over 18 years of age)

Date

Parent/Guardian Signature (if athlete is under 18)

Date



Missouri State University

Intercollegiate Athletics

**Authorization for Disclosure of Patient Medical/
Health Information**

HHIPAA Procedure 1.050, Form 1
Page 1 of 3

I, _____, authorize and request Missouri State University Department of
(Name of Student-Athlete)

Intercollegiate Athletics to disclose/release my below specified health information, who received services from the date of this Authorization to 380 days thereafter, to the athletic conference in which my team participates, conference officials, media outlets, my parents/legal guardian, coaches, team participants, University administrators, and the Academic Achievement Center.

INFORMATION REQUESTED: I hereby agree to this authorization and understand that it must contain Personally Identifiable Information and PHI as defined by HIPAA to ensure accuracy. I understand I have the right to limit the type of information released and to revoke this authorization which will EXPIRE in 380 days. If I choose to limit the information released, I understand that the Athletic Department may inform the requestor that portions of the record have been withheld.

■ Partial Medical Records. Please specify parts and dates to be released.

- Other: All records related to athletic injuries or illness during my training for and participation in intercollegiate athletics, rehabilitation and prognosis for the purpose of advising regarding ability to participate in intercollegiate athletics, at the request of the individual.

1. I understand that my injury/illness information is protected by federal regulations under either the Health Insurance Portability and Accountability Act (HIPAA) or the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment or FERPA) and may not be disclosed without either my authorization under HIPAA or my consent under the Buckley Amendment. I understand that my signing of this authorization/consent is voluntary and that my institution will not condition any health care treatment or payment, enrollment in a health plan or receipt of any benefits (if applicable) on whether I provide the consent or authorization requested for this disclosure. I also understand that I am not required to sign this authorization/consent in order to be eligible for participation in NCAA or conference athletics.

2. **READ CAREFULLY:** I understand that my medical/health information records are confidential. I understand that by signing this authorization, I am allowing the release of the portions of my medical/health information specified above.

3. This authorization includes both information presently compiled and information to be compiled during the course of treatment during the specified time frame.

4. This authorization becomes effective on date of execution. This authorization automatically expires on the following date, event or special condition 380 days from signature.

5. If I fail to specify an expiration date, this authorization will expire in 380 days.

6. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so **in writing** and present my written revocation to the health information

management department (medical records) or client information center at this facility. I further understand that actions already taken based on this authorization, prior to revocation, will not be affected.

7. I understand that I have the right to receive a copy of this authorization. A **photographic copy of this authorization is as valid as the original.**

8. I understand that authorizing the disclosure of this medical/health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that I may request to inspect or request a copy of information to be used or disclosed, as provided in 45 CFR § 164.524. I understand that any disclosure of information carries with the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my medical/health information, I can contact the Missouri State Health Care Component Director, or designee, or the Privacy Officer for this HCC.

My signature below acknowledges that I have read, understand, and authorize the release of my PHI.

Signature of Student-Athlete _____ (Date) _____

Signature of Witness _____ (Date) _____

Signature of Parent/Legal _____ (Date) _____
Guardian/Representative